



TFU 6p1633 ✓

PTO/SB/22  
OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | Docket Number (Optional)<br>576169-5017US1 |                         |
| In re application of: Darwin J. Prockop, <i>et al.</i>  |   |  |                         |
| Application No.: 09/839,711   |   | Filed: April 20, 2001                      |                         |
| For: STROMAL CELL USE   |   |  |                         |
| Art Unit: 1633  |   | Examiner: Robert M. Kelley                 |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.  |   |  |                         |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  |   |  |                         |
|   |   | Large Entity                               | Small Entity            |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$ 120                                     | \$ 60                   |
|   | Two months (37 CFR 1.17(a)(2))  | \$ 450                                     | \$ 225                  |
|   | Three months (37 CFR 1.17(a)(3))  | \$1020                                     | \$ 510                  |
|   | Four months (37 CFR 1.17(a)(4))   | \$1590                                     | \$ 795                  |
|   | Five months (37 CFR 1.17(a)(5))   | \$2160                                     | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                         |
|   | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
|   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0573. A copy of this sheet is enclosed. |  |                         |
| I am the  |   |  |                         |
|   | Applicant/inventor  |  |                         |
|   | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |                         |
|   | <input checked="" type="checkbox"/> attorney or agent of record.  |  |                         |
|   | Attorney or agent of record under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a):  |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |   |  |                         |
| Signature   |   |  |                         |
| Typed Name  |   | Kathryn Doyle, Ph.D., J.D.                 | Registration No. 36,317 |
| Date  |   | June 8, 2006                               |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                         |
| <input checked="" type="checkbox"/>   | Total of one (1) form is submitted.   |  |                         |

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